

NPDES # ALOO

Ptype 9

???COMPANY NAME???

??FACILITY NAME??

???

OUTFALL NUMBER 0??

Prep Plant

???

????? County

ASMC Permit # [

(???) ???-????

Year 1st Qtr 2nd Qtr 3rd Qtr

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4th Qtr

Jan-Feb-Mar

Apr-May-Jun

Jul-Aug-Sep

Oct-Nov-Dec

 = Data Not Required

		STANDARD LIMITS			
PARAM	pH	TSS	Fe	Mn	
MIN	6.0				
AVG		35.0	3.0	2.0	
MAX	9.0	70.0	6.0	4.0	
UNITS	s.u.	mg/l	mg/l	mg/l	
FREQ	2/mth	2/mth	2/mth	2/mth	
D A T E S					
Mth Avg					
D A T E S					
Mth Avg					
D A T E S					
Mth Avg					

PRECIPITATION EVENT DISCHARGE LIMITS *			
pH	SS	Fe	Rainfall
6.0			Report
			Duration
9.0	0.5	7.0	And
s.u.	ml/l	mg/l	Inches
			Per Hr

[illegible]

Pump Discharge Point (Y/N) ☐

pH Exemption Claimed (Y/N) ☐

Mn Exemption Claimed (Y/N) ☐

In accordance with Part I,B.,7. and Part II,B.,8. of the referenced NPDES permit, if the permittee claims either the Mn or pH exemption(s), detailed documentation sufficient to prove eligibility must be retained on file and be available for review by ADEM until the permit is properly terminated.

Name of Permittee and/or Company(s) Collecting Samples And Performing Analyses.

I certify under penalty of law that this document and all attachments were prepared under my direction/supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name & Title of Responsible Official

Signature

Date _____

* Refer to permit. A written claim of exemption must be submitted in a form acceptable to the Department.

*** Instantaneous measure. Flow must be monitored in mgd each time sample is obtained.

Refer to Part I.A. of the permit. At least one sample must be obtained and analyzed for pumped or mechanical discharges if a discharge occurred at any time during the quarterly (three month) monitoring period. If applicable, list minimum of two required inspection dates for each month and report "No Discharge During Entire Quarter".